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The Dimensions of the Learning Organization in Al-Shifa Hospital in Gaza from Its Employees' Point of View

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ABSTRACT

The objective of this research is to study the existence of the attributes (dimensions) of the learning organization in Al-Shifa hospital in Gaza from its employees' point of view. A modified version of the theoretical framework of learning organizations developed by Watkins and Marsick (2003) is used in this research because it provides a clear definition of the construct of "learning organization" from an organizational culture perspective. This framework consists of a (43) item questionnaire that evaluates the following attributes (dimensions) of the learning organization: continuous learning opportunities, dialogue and inquiry, collaboration and team learning, collective vision, capture and share learning as well as environmental connection. The questionnaire was distributed to (325) employees who were randomly selected from Al-Shifa hospital's employees. The statistical analysis of the questionnaire, using the Mean, Standard Deviation and T- Test, indicates that the dimensions of the learning organization did not exist in Al-Shifa hospital from its employees' point of view. The research concluded that to become a learning organization, Al-Shifa hospital needs to promote all the dimensions of the learning organization (i.e., continuous learning opportunities, dialogue and inquiry, collaboration and team learning, collective vision, capture and share learning as well as environmental connection).

Keywords: Learning organization, Attributes (dimensions), Al-Shifa hospital.

INTRODUCTION

Many organizations have recently shown an interest in the concept of "learning organizations" in order to maintain competitive advantages. The current organizations are operating in a turbulent environment characterized by continual and disruptive change (Thomas and Allen, 2006). The business is therefore becoming more complex, dynamic and globally competitive which requires more understanding, knowledge, preparation and agreement. Many consultants and organizations have recognized the commercial significance of organizational learning and the notion of the 'learning organization' has been a central orienting point in this issue. Writers have sought to identify templates, or ideal forms, 'which real organizations could attempt to emulate' (Easterby-Smith, 1999). The concept of the Learning Organization was developed in the early 1990s and has found a lot of support until today (Oberberger, 2005). The supporters of the concept agree that "learning organizations are more likely than other organizations to be adaptable and flexible, lack complacency, experiment with and create new knowledge, rethink means and ends and tap people's potential for learning as a strategic competitive advantage" (Redding, 1997). Businesses can improve competitive advantage and facilitate organizational learning by drawing from organizational learning as well as the related fields of knowledge management and intellectual capital (McElyea, 2002).

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Research Problem

The existing literature suggests a disparate need for the existence of learning organization capable of creating, integrating and applying knowledge. This ability is critical to firms aiming at developing competitive advantage. The capability of an organization to learn and apply what it learns can be the only path for sustainable competitive advantage (Bierly *et al.,* 2000 ; Robbins and Coulter, 2005). Ability to learn has become a critical factor in the firm capability to respond and deal successfully with market opportunities (Thomas and Allen, 2006). Given the limitations of learning organization research, the main purpose of this research is to address the gap in empirical research by examining the characteristics of the learning organization in Al-Shifa hospital which is one of the biggest, main and most important hospitals in Gaza Strip. Al-Shifa hospital contains different departments and sections and is the first hospital to receive patients and critical cases, especially, during Israeli aggressions. The hospital is the biggest in Palestine and is located in the west part of Gaza. It is over 45,000 m^2 with 590 beds and 1400 employees. The researchers conducted a pilot study in the hospital concerning the existence of the dimensions of the learning organization in the hospital. This study included 50 employees which were randomly selected from the hospital. The results of the study showed that the majority of the selected employees did not think that the dimensions of the learning organization exist in their institution. These results directed the researchers to explore this issue deeper by conducting the research on a larger scale. This research will therefore focus on exploring the following research problem:

Do the dimensions (attributes) of the learning organization exist in Al-Shifa hospital from its employees' point of view?

Research Questions

The research will address the following questions:

- Does the organization create continuous learning opportunities?
- Does the organization promote dialogue and inquiry?
- Does the organization promote collaboration and team learning?
- Does the organization empower people to evolve a collective vision?
- Does the organization establish systems to capture and share learning?
- Is the organization connected to its environment?
- Is there a relationship between the independent variables of the learning organization?

Research Objectives

The research has the following objectives:

- To assess Al-Shifa hospital staff perceptions of the following organizational attributes: continuous learning opportunities, inquiry, team learning, capture learning systems, shared vision and environmental connection.
- To assess the relationship between the independent variables of the learning organization from the respondents' point of view.
- To provide recommendations for decision makers on how to make the hospital a learning organization.

Research Significance

(Serrat, 2009a) stated that "learning is the key to success- some would even say to survival- in today's organizations. Knowledge should be continuously enriched through both internal and external learning. For this to happen, it is necessary to support and energize organization, people, knowledge and technology for learning". The importance of adopting the concept of learning organizations is documented in many studies a

problem solving strategy. This concept is considered a "tool for managerial excellence" (Al-Motary, 2006), "improving organizational performance" (Sadler Smith *et al.*, 2001). The organizations which adopted this concept were faster and more successful in achieving their objectives (Abu Kodair, 2006) as well as able to face different types of challenges (Zinaty, 2004). Many writers witnessed gaps in the research on learning organizations such as lack of sound conceptualization, lack of empirical basis for influential models and overall lack of empirical research (Boyle, 2002; Jashapara, 2003; Thomsen and Hoest, 2001). This lack of empirical research applies to hospital settings, where the creation of learning organization system is a significant challenge. Much of health care literature on organizational learning focuses on training and professional development (Davidhizar, 2000). There are few case studies on organizational learning in hospital settings (Lipshitz, 2000). This study can be considered a new addition to science and knowledge, as this topic, according to the researchers' best knowledge, has not been investigated in Palestine. In addition, this research will contribute to offsetting some scarcity resulting from the lack in the number of previous studies in the field of human resources management in Palestine.

Research Scope and Limitations

The research scope and limitations can be summarized as follows:

a- Place limitations: The field study conducted by the researchers is confined to Al-Shifa hospital in the Gaza Strip/ Palestine.

b- Human resources limitations: This study has included a random sample of Al-Shifa hospital staff with the purpose of measuring their opinions and attitudes toward the dimensions of the learning organization in the hospital.

c- Time limitations: This research covers the period from 20th April 2009 to 20th July 2009.

Previous Studies

The dimensions of the learning organization have been explored in many previous studies. Abdullah and Kassim (2008) conducted a study aiming at exploring the perceptions of organizational level learning practices among university librarians in Yemen. The dimensions of the learning organization questionnaire developed by Watkins and Marsick (1993) was used as the instrument for collecting data. Twenty-four variables were used to assess the perception of organizational level learning practices among senior and middle-level librarians in all Yemeni university libraries (seven public libraries and 11 private ones). The result of comparison showed that the mean score rating for private university libraries is higher than the mean score rating for public university libraries. The study suggests the need for more studies on organizational learning in order to understand the barriers of practising organizational learning. Harrim (2008) examined the relationship between learning organizations and organizational performance in the pharmaceutical industry in Jordan. A descriptive, analytical, empirical methodology was used. For the purpose of the study, six core dimensions of learning organization were identified: system thinking, shared vision, teamwork and collaboration, leadership and empowerment, organizational culture and learning environment. For organizational performance, four scales were identified: financial performance, customer service, internal processes and learning/ growth/ innovation. Research findings indicated a strong positive relationship between learning organizations and performance and between each of the learning organization dimensions and each scale of organizational performance. Xiaohui and Baiyin (2007) explored the culture of learning organizations in Chinese business settings by using the instrument called "dimensions of learning

organization questionnaire". Findings suggest that the dimensions of learning organization questionnaire are applicable to the context of China as well and demographic variables, such as age and educational level, together with the types of ownership of Chinese companies, such as state-owned enterprises and privately-owned enterprises, suggest differences in the culture of learning organizations. Results also indicate that the learning organization culture of a firm has a strong positive impact on employees' job satisfaction and perceived organizational performance. Dymock and McCarthy (2006) explored employee perception of the development of a learning culture in a medium-sized manufacturing industry that inspires to become a learning organization in Malaysia. Provision of leadership and continuous learning dimensions received the highest mean scores in this research. Abu-Kidir (2006) evaluated the readiness and potentials of the institute of public administration in terms of organizational learning practices and the application of the concept of learning organization in Saudi Arabia. The results of the study showed that the institute had the characteristics of learning organizations based on the five dimensions used to assess organizational learning practices. Abu-Khadra and Rawabdeh (2006) examined the impact of the application of management and human resource practices on organizational performance. The study also outlined the key elements and assessed the development of the learning organization concept in Jordan. The results showed that the learning organization concept could be explored in Jordanian industry companies. The study supported the relationship between learning organization practices and organizational performance. Norliya and Azizah (2005) investigated whether librarians are practising the concepts of learning organization and examined the perceptions of librarians of the practices of organizational level learning in public and private university libraries in the Klang Valley, Malaysia. The results of the study revealed that librarians perceived that learning practices at the organizational level existed generally, but they were not convinced of the extent to which the practices existed. The findings also demonstrated that the librarians in the private university libraries were more likely to respond with certainty of the existence of learning at the organizational level than the librarians from the public university libraries. Al-Ayoub (2004) investigated top-level managers' perception of organizational learning practices in large Saudi firms and the impact of organizational learning practices on firm performance improvement. Based on a self-administered questionnaire, the findings of the study showed that top-level managers perceived a moderate degree of organizational learning practices and the cultural dimension had the strongest relationship to the strategic change.

Summary of Previous Studies

The previous studies concentrated on: examining the existence of the attributes (dimensions) of the learning organization (Abdullah and Kassim, 2008; Dymock and McCarthy, 2006; Abu-Kidir, 2006), examining the relationship between learning organization and organizational performance (Harrim, 2008; Xiaohui and Baiyin, 2007; Abu-Khadra and Rawabdeh, 2006; Al-Ayoub, 2004) and examining the existence of the dimensions of the learning organization at the individual, group or organizational level (Norliya and Azizah, 2005). This research will however concentrate on examining the existence of the attributes (dimensions) of the learning organization in health care settings by taking Al-Shifa hospital as a study sample.

CONCEPTS AND BASIC THEORITICAL BACKGROUND

This part aims to survey concepts and basic theoretical background upon which analyses of learning organization have been based. So, the researchers can make use of the cumulative knowledge in this field. It is

worthwhile to identify the real meaning and definition of the term "learning organization", the characteristics, benefits, criticisms and assessments of the learning organizations.

Definition and Concept of Learning Organization

The existing literature provides varying definitions of the concept of the Learning Organization (Wang and Ahmed, 2003). Ortenblad (2002) identified four perspectives used to understand what a learning organization is: "organizational learning, learning at work, learning climate and learning structure". A learning organization is the term given to a company that facilitates learning of its members and continuously transforms itself forward (Pedler *et al.*, 1997). A learning organization is comprised of people who are committed to, and capable of, continuous learning. With an organizational culture of commonly held core principles, values, organizational processes, procedures and practices that not only esteem, but also actively promote, learning for all organizational members (Reece, 2002).

Organizational learning is the "activity and the process by which organizations eventually reach the ideal status of a learning organization" (Easterby-Smith, 1999). A clear definition of the learning organization has proved to be elusive (Garvin, 2000). Learning organizations are organizations where people continually expand their capacity to create the results which they truly desire, where new and expansive patterns of thinking are nurtured, collective aspiration is set free and people are continually learning to see the whole together (Senge, 1990). The learning company is a vision of what might be possible. It is not brought about simply by training individuals; it can only happen as a result of learning at the whole organization level. Learning organizations are characterized by total employee involvement in a process of collaboratively conducted, collectively accountable change directed towards shared values or principles (Watkins and Marsick, 1992). The learning organizations' literature has an action orientation and is geared toward using specific diagnostic and evaluative methodological tools which can help to identify, promote and evaluate the quality of learning processes inside organizations (Easterby-Smith, 1999). Peter Senge is considered by many the "father" of organizational learning. Senge (1990) was instrumental in identifying strategies for companies to transform themselves into organizations in which continuous learning occurs and in the identification of leadership traits necessary for the conversion into a learning organization.

According to Senge (1990), learning organizations are "organizations where people continually expand their capacity to create the results which they truly desire, new and expansive patterns of thinking are nurtured, collective aspiration is set free and people are continually learning to see the whole together". Organizational learning is neither possible nor sustainable without understanding what drives it. According to Serrat (2009a), the subsystems of a learning organization are: organization, people, knowledge and technology. Each subsystem supports the other ones in magnifying learning as it permeates across the system.

Characteristics of the Learning Organization

Edmondson *et al.* (1999) identified three building blocks of a learning organization: Learning environment and culture**,** learning processes and leadership for learning. Ortenbald (2004) proposed an integrated model of a learning organization, including organizational learning, learning on-the job, a climate of learning and a flexible and organic organizational structure. Chang and Lee (2007) stated that the concept of learning

organization covers individual, group and organizational learning with the simultaneous proceeding effort for organizational and individual learning. Different writers proposed different characteristics. The most common features of the learning organization as stated by several writers are: Open communications (Phillips, 2003 ; Pool, 2000), risk taking (Rowden, 2001), support and recognition of learning (Griego *et al.*, 2000), rewards for learning (Griego *et al.*, 2000; Phillips, 2003) and knowledge management (Loermans, 2002; Selen, 2000). According to Serrat (2009b), the dimensions of the learning organizations are: Learning management systems, adaptive and generative learning, work styles matrices, idealism and reality, strategic learning, human nature and organizational context.

Benefits and Criticisms of the Learning Organizations

According to (Serrat, 2009b), there are many benefits of introducing the concept of the learning organization, such as to produce a wide range of solutions to organizational issues, to reduce the likelihood of repeated mistakes, to clarify vision and organizational behavior, to balance the demand for stockholders, to understand risks and diversity more deeply, to expand the horizons of who we are and what we can become and to become aware of the critical nature of interdependence. The literature stated other benefits of adopting the concept of the learning organization, such as maintaining levels of innovation, remaining competitive, being better placed to respond to external pressure (Mchugh *et al.*, 1998), having the knowledge to better link resources to customer needs, improving quality of outputs at all levels, improving the corporate image by becoming more people oriented and increasing the pace of change within the organization. (Pedler *et al.*, 1997).

Senge (1990) stated that some concepts of the learning organization are hard to adopt. Personal mastery, for example, can be seen as a threat to the organization and the lack of a pro-learning culture can be a barrier to learning. A learning organization needs to remove the traditional hierarchical structures. These form a barrier to the development of shared vision and to the sharing of knowledge (O’keeffe, 2002). Resistance to learning can occur if people feel threatened by change or believe that they have much to lose (O’keeffe, 2002). Unless implemented coherently across the whole organization, learning can be viewed as elitistic and restricted to more senior levels within the organization. It will also be viewed as a form of control, rather than a form of personal development (Mchugh *et al.*, 1998). Senge's viewpoints of the learning organization have been criticized by Smith (2001), who states that people often have a problem ‘seeing’ systems and failure to understand system dynamics can lead into ‘cycles of blaming and self-defense’. Furthermore, people to whom this concept is addressed may not have the disposition or theoretical tools to follow it through, and the theory does not fully set in a political or moral framework as there is no consideration of questions like social justice, democracy and exclusion.

Assessment of the Learning Organizations

Many assessment instruments have been developed for measuring learning organization capability (Cors, 2003). Table (1) provides an overview of some of these instruments. Most of the assessment instruments adopt a normative perspective: they identify whether or not the organization has in place the attributes prescribed by literature. The most common approach is the use of surveys that gather opinions of employees in the organization or those of experts engaged to assess the organization.

Table (1)

Assessment instruments.

Author/Tool	**Content**	**Methodology**
Watkins and Marsick *Dimensions of the Learning Organization Questionnaire*	Leadership, Structure, Systems, Communication, Technology	Self-assessment (i.e., organizational members assess the organization against the criteria). Likert scale format.
Pedler, Burgoyna and Boydell *Characteristics of a Learning Organization*	Leadership, Structure, Systems, Communication, Technology, Learning Methods	Self-assessment. Likert scale or “checklist” format.
Dixon *Organizational Learning Competencies Survey*	Communication, Information Systems	Self-assessment. Likert scale format.
Nevis, DiBella and Gould *Organizational Learning Inventory*	Team Learning, Vision/Strategy/Structure, Communication	Assessment by researchers. Likert scale format.
Richards and Goh *Learning Organization Survey*	Learning Processes, Mission/Vision, Processes, Systems, Leadership	Self-assessment. Likert scale format.

Source: Canadian Centre for Management, 2002.

Many firms argue that the dimensions of the learning organization questionnaire are the most common and valuable assessment instruments, since it correlates learning initiatives with measures of organizational success outcomes. As global competition increases, assessing organizational outcomes seems to become increasingly important.

Characteristics of the Health Care System in the Gaza Strip

It is important to present a brief description regarding the characteristics of the health care system in the Gaza Strip in general and in Al-Shifa hospital in particular. These characteristics are expected to shape the results of the research. In general, the healthcare system in the Gaza Strip is fragmented, shattered, attacked and drained trying to help an overwhelming amount of casualties in a war between clearly unequal powers. Management of the healthcare sector is facing many challenges, such as (http://www. map-uk.org/ regions/ opt/news/view/-/id/721/, UNDP):

- The increasing number of people with disabilities who suffer not only from severe traumatic injuries but also from secondary complications such as infected wounds, contractures or secondary amputations, requiring sophisticated ongoing care.
- Lack of spare parts for maintenance of medical

equipment including assistive devices for people with disabilities as well as continued difficulties in getting medical equipment in.

- Limited capacity for appropriate follow-up care and rehabilitation for permanently disabled persons. This is especially true in light of the fact that the only rehabilitation hospital, Al-Wafa hospital, was targeted and sustained significant damages.
- Restrained tertiary-care access outside Gaza, especially with regard to cardiology, neurology, ophthalmology, oncology, radiology, hematology and gerontology.
- Scarcity of intensive care services, which are usually put under additional strain in the presence of conditions of increased demand.
- Weaknesses in the public health monitoring system that need to be addressed in order to alleviate the risks to the public of disease outbreaks, such as diarrhea outbreaks from water- and food-borne diseases and swine flu.
- Limited capacity for mental health services necessary to cope with the increased incidence and severity of mental health problems.

At the organizational level, most hospitals in the Gaza Strip continue to run on generators 24 hours a day to keep life-saving equipment operating without interruption. Al-Shifa hospital is running low on fuel, putting the treatment of 470 patients at risk, including 60 currently being cared for in the intensive care unit. Al-Shifa hospital care units are overwhelmed. The Intensive Care Unit (ICU), for example, is functioning at almost full capacity, with more than 20 out of its total 30 beds occupied due to the low evacuation rate of patients through Rafah Crossing. Al-Shifa hospital continues to try to keep the bed occupancy rate below 75% to allow space for urgent and emergency cases. In Al-Shifa hospital, emergency personnel are engaged in a brutal form of triage, allowing the worst cases to fade as they found themselves unable to cope.

RESEARCH METHODOLOGY AND SAMPLE SIZE

This part describes the method used in this study, the research instrument, the procedures of data gathering, the statistical treatment of data and personal information of respondents.

Research Methodology

There are many learning organization frameworks relevant for understanding how healthcare organizations learn, create and share knowledge about evidence-based practices and the system issues that facilitate or inhibit these learning processes . The main contribution for this research is using a modified version of the theoretical framework of learning organizations developed by Watkins and Marsick (2003). The original framework consists of 5 parts measuring learning at the individual, team and organizational levels as well as measuring performance at the organizational level in addition to further information about the organization. This research has however used a modified version of the framework to make it suitable for the health care setting under investigation. The modifications consisted of using only (43) item questions out of the (60) item questions in the original version. The selected questions aimed at evaluating the attributes (dimensions) of the learning organization as stated in the literature. These dimensions are: continuous learning opportunities, dialogue and inquiry, collaboration and team learning, collective vision, capture and share learning and environmental connection. The deleted questions were addressing issues that are not relevant to the health care setting under investigation as they measure indicators relevant to profitable organizations which is not the case in this research. The deleted questions include indicators, such as: investment, market share, cost per business transaction and percentage of total spending.

In other words, a theoretical framework of learning organizations developed by Watkins and Marsick (2003) is used in this research because it provides a clear definition of the construct of "learning organization" from an organizational culture perspective. The dimensions of the learning organization questionnaire developed by Marsick and Watkins (2003) were adapted to create a (43) item questionnaire to assess Al-Shifa hospital staff perceptions of the dimensions of a learning organization in the following way:

- Continuous learning opportunity (the summated average of responses to items 1 through 8).
- Inquiry (the summated average of responses to items 9 through 14).
- Team learning (the summated average of responses to items 15 through 22).
- Learning capture systems (the summated average of responses to items 23 through 29).
- Shared vision (the summated average of responses to items 30 through 36).
- Environmental connection (the summated average of responses to items 37 through 43).

Moreover, (325) employees were chosen to participate in this research; however, (9) of them refused to participate for different reasons. (4) agreed to participate in the research, but did not answer most of the questions or refused to answer the questions after they got the questionnaire. Despite those difficulties, the researchers redistributed the (13) questionnaires to obtain the total sample size of (325) employees.

Profile of the Respondents

Table (2) describes the profile of the respondents according to age, gender, job, education, marital status and monthly salary.

Table (2)
Profile of the respondents.

	Interval	Frequency	Percentage
Age	30 years or less	186	57.2
	31- 40 years	86	26.5
	41- 50 years	35	10.8
	51- 60 years	17	5.2
	61 years and above	1	0.3
Gender	Male	165	50.8
	Female	160	49.2
Employment category	Medical field	251	77.2
	Administrative field	45	13.8
	Both (medical and administrative fields)	18	5.5
	Support field	11	3.5
Education level	High school or lower	5	4.6
	Diploma	105	32.3

	Interval	Frequency	Percentage
	Bachelor	176	54.1
	Master	22	6.8
	Ph.D.	7	2.2
Marital status	Single	115	35.4
	Married	202	62.2
	Widowed	6	1.8
	Divorced	2	0.6
Monthly salary	0 – 1500 NIS	116	35.7
	1501 – 2500 NIS	94	28.9
	2501 – 3500 NIS	68	21
	3501 – 4500 NIS	32	9.8
	4501 – 5500 NIS	11	3.4
	More than 5500 NIS	4	1.2

Statistical Treatment

In this study, the researchers used a composite of statistical tools to analyze data and to make the interpretation of data more valid and meaningful. These statistical tools comprised the following:

- Mean

The researchers gave values of the amount of agreement or disagreement with each item of the questionnaire as shown in Table (3).

Table (3)

The Likert scale model in answering the questionnaire.

Weight	Descriptive interpretation
5	Strongly agree
4	Agree
3	No opinion
2	Disagree
1	Strongly disagree

- Kolmogorov-Smirnov Test: This test is the first step in hypotheses testing. It is used to test whether the data gathered follows the normal distribution or not.

- Parametric Tests: The researchers used one-sample T-test and Pearson correlations.

Validity and Reliability of the Questionnaire

Questionnaire Validity

The questionnaire was reviewed and evaluated by experts specialized and interested in the field of learning organization and statistics to guarantee the

questionnaire's validity and reliability and to clarify any ambiguity in the questionnaire items.

After preliminary testing, a pilot study was conducted to study the topic of this research. However, the researchers distributed the questionnaire to a sample of (50) respondents (Arabic version of the questionnaire was tested in order to make sure that the questions were easily understood).

Questionnaire Reliability

The researchers used the Alpha-Cronbach's coefficient test to measure the reliability of each section of the employee questionnaire and the total average of the questionnaire. The analysis of the pilot study results showed that Alpha-Cronbach coefficient was equal to (0.8652), which means that there are significant and highly reliable coefficients.

STATISTICAL ANALYSIS

This part presents the analyses and interpretations of data gathered by the researchers concerning the dimensions of the learning organization in Al-Shifa hospital.

Do the Data Gathered from the Questionnaire Follow Normal Distribution?

According to One-Sample Kolmogorov-Smirnov Test of the employee questionnaire, the data gathered follow the normal distribution because the Asymp. Sig. (2-tailed) is more than (5%) (0.645). So, the researchers used parametric tests.

Standard Deviation, Mean Value and Interpretation for Al-Shifa Hospital Employee Questionnaire

The analysis of the questionnaire can be studied from Al-Shifa hospital employees' points of view. In addition, the analysis will be based on the Mean Value “MV” and Standard Deviation “SD”.

Continuous Learning Opportunities

Table (4) shows the opinion of Al-Shifa hospital respondents toward some statements about continuous learning opportunities.

Table (4)

The opinion of respondents toward some statements about continuous learning opportunities.

Item	Standard Deviation	Mean Value	Interpretation
In my organization, people openly discuss mistakes in order to learn from them.	1.231	3.48	Agree
In my organization, people identify skills they need for future work tasks.	1.170	3.22	Agree
In my organization, people help each other learn.	1.187	3.45	Agree
In my organization, people can get money and other resources to support their learning.	1.228	2.53	Disagree
In my organization, people are given time to support learning.	1.169	2.66	Disagree
In my organization, people view problems in their work as an opportunity to learn.	1.214	2.87	Disagree
In my organization, people are rewarded for learning.	1.293	2.31	Disagree
In my organization, people give open and honest feedback to each other.	1.161	2.84	Disagree
Total Average	0.811	2.92	Disagree

As shown in Table (4), the majority "agree" that people openly discuss mistakes in order to learn from them in their organization (MV = 3.48, SD = 1.231). In addition, people identify skills they need for future work tasks in their organization (MV = 3.22, SD = 1.170). Besides, the majority "agree" that people help each other learn in their organization (MV = 3.45, SD = 1.187). Also, the majority of respondents disagree that people can get money and other resources to support their learning in their organization (MV = 2.53, SD = 1.228). In addition, the majority disagree that people are given time to support learning in their organization (MV = 2.66, SD = 1.169). Moreover, the majority "disagree" that people view problems in their work as an opportunity to learn in their organization (MV = 2.87, SD = 1.214). Also, the majority disagree that people are rewarded for learning in their organization (MV = 2.31, SD = 1.293). Furthermore, the majority disagree that people give open and honest feedback to each other in their organization (MV = 2.84, SD = 1.161).

All in all, Table (4) demonstrates that Al-Shifa hospital management does not take continuous learning opportunities into consideration, as the total mean value was equal to (2.92) and the standard deviation was (0.811).

Dialogue and Inquiry

Table (5) shows the opinion of Al-Shifa hospital respondents toward some statements about dialogue and inquiry.

Table (5)

The opinion of respondents toward some statements about dialogue and inquiry.

Item	Standard Deviation	Mean Value	Interpretation
In my organization, people listen to others' views before speaking.	1.169	2.70	Disagree
In my organization, people are encouraged to ask "why" regardless of rank.	1.130	2.87	Disagree
In my organization, whenever people state their view, they also ask what others think.	1.163	2.80	Disagree
In my organization, people treat each other with respect.	1.148	3.46	Agree
In my organization, people spend time building trust with each other.	1.157	2.96	Disagree
In my organization, teams/groups have the freedom to adapt their goals as needed.	1.190	2.66	Disagree
Total Average	0.774	2.91	Disagree

According to Table (5), the majority "disagree" that people listen to others' views before speaking in their organization (MV = 2.70, SD = 1.169). Besides, the respondents disagree that people are encouraged to ask "why" regardless of rank in their organization (MV = 2.87, SD = 1.130). In addition, the respondents disagree that whenever people state their view, they also ask what others think (MV = 2.80, SD = 1.163). However, the respondents agree that people treat each other with respect in their organization (MV = 3.46, SD = 1.148). Moreover, the respondents said that people do not spend time building trust with each other (MV = 2.96, SD =

1.157). Furthermore, the majority “disagree” that teams/groups have the freedom to adapt their goals as needed (MV = 2.66, SD = 1.190).

Table (5) demonstrates that Al-Shifa hospital management does not take dialogue and inquiry into consideration, as the total mean value was equal to (2.91) and the standard deviation was (0.774).

Collaboration and Team Learning

Table (6) shows the opinion of Al-Shifa hospital respondents toward some statements about collaboration and team learning.

Table (6)

The opinion of respondents toward some statements about collaboration and team learning.

Item	Standard Deviation	Mean Value	Interpretation
In my organization, teams/groups treat members as equals, regardless of rank, culture or other differences.	1.223	2.62	Disagree
In my organization, teams/groups focus on the group's task and on how well the group is working.	1.070	3.02	Agree
In my organization, teams/groups revise thinking as a result of group discussions or information collected.	1.060	2.88	Disagree
In my organization, teams/groups are rewarded for their achievements as a team/group.	1.116	2.42	Disagree
In my organization, teams/groups are confident that the organization will act on their recommendations.	1.171	2.62	Disagree
My organization uses two-way communication on a regular basis, such as suggestion systems, electronic bulletin boards or town hall/open meetings.	1.185	2.84	Disagree
My organization enables people to get needed information at any time quickly and easily.	1.210	2.75	Disagree
My organization maintains an up-to-date data base of employee skills.	1.169	2.59	Disagree
Total Average	0.856	2.72	Disagree

It is clear that the majority of respondents disagree that teams/groups treat members as equals, regardless of rank, culture or other differences (MV = 2.62, SD = 1.223). In addition, a large percentage of respondents said that teams/groups focus on the group's task and on how well the group is working (MV = 3.02, SD = 1.070). Besides, the respondents disagree that teams/groups revise thinking as a result of group discussions or information collected (MV = 2.88, SD = 1.060). Moreover, teams/groups are not rewarded for their achievements as a team/group (MV = 2.42, SD = 1.116). Furthermore, teams/groups are not confident that the organization will act on their recommendations (MV = 2.62, SD = 1.171). In addition, the respondents disagree that their organization uses two-way communication on a regular basis, such as suggestion

systems, electronic bulletin boards or town hall/open meetings (MV = 2.84, SD = 1.185). Besides, their organization does not enable people to get needed information at any time quickly and easily (MV = 2.75, SD = 1.210). Moreover, the respondents disagree that their organization maintains an up-to-date data base of employee skills (MV = 2.59, SD = 1.169).

Table (6) demonstrates that Al-Shifa hospital management does not take collaboration and team learning into consideration, as the total mean value was equal to (2.72) and the standard deviation was (0.856).

A Collective Vision

Table (7) shows the opinion of Al-Shifa hospital respondents toward some statements about collective vision.

Table (7)

The opinion of respondents toward some statements about collective vision.

Item	Standard Deviation	Mean Value	Interpretation
My organization supports employees who take calculated risks.	1.293	2.57	Disagree
My organization builds alignment of visions across different levels and work groups.	1.081	2.70	Disagree
My organization helps employees balance work and family.	1.130	2.43	Disagree
My organization encourages people to think from a global perspective.	1.175	2.49	Disagree
My organization considers customers' views in the decision making process.	1.110	2.57	Disagree
My organization considers the impact of decisions on employee morale.	1.202	2.56	Disagree
My organization works together with the outside community to meet mutual needs.	1.166	2.73	Disagree
Total Average	0.917	2.58	Disagree

According to Table (7), the majority of respondents “disagree” that their organization supports employees who take calculated risks (MV = 2.57, SD = 1.293). Furthermore, the respondents disagree that their organization builds alignment of visions across different levels and work groups (MV = 2.70, SD = 1.081). In addition, the respondents disagree that their organization helps employees balance work and family (MV = 2.43, SD = 1.130). Furthermore, the respondents said that their organization does not encourage people to think from a global perspective (MV = 2.49, SD = 1.175). Moreover, respondents are of the opinion that their organization does not consider customers' views in the decision making process (MV = 2.57, SD = 1.110) and does not consider the impact of decisions on employee morale (MV = 2.56, SD = 1.202). Furthermore, the majority “disagree” that their organization works together with the outside community to meet mutual needs (MV = 2.73, SD = 1.166).

Table (7) demonstrates that Al-Shifa hospital management does not take collective vision into consideration, as the total mean value was equal to (2.58) and the standard deviation was (0.917).

Capture and Share Learning

Table (8) shows the opinion of Al-Shifa hospital respondents toward some statements about capture and share learning.

Table (8)

The opinion of respondents toward some statements about capture and share learning.

Item	Standard Deviation	Mean Value	Interpretation
My organization creates systems to measure gaps between current and expected performance.	1.175	2.64	Disagree
My organization makes its learned lessons available to all employees.	1.197	2.86	Disagree
My organization measures the results of the time and resources spent on training.	1.172	2.76	Disagree
My organization recognizes people for taking initiative.	1.213	2.54	Disagree
My organization gives people choices in their work assignments.	1.151	2.49	Disagree
My organization invites people to contribute to the organization's vision.	1.090	2.36	Disagree
My organization gives people control over the resources they need to accomplish their work.	1.189	2.63	Disagree
Total Average	0.922	2.61	Disagree

It is evident that the majority of respondents say that their organization does not create systems to measure gaps between current and expected performance (MV = 2.64, SD = 1.175). In addition, the majority of respondents say that their organization does not make its learned lessons available to all employees (MV = 2.86, SD = 1.197) and that their organization does not measure the results of the time and resources spent on training (MV = 2.76, SD = 1.172). Moreover, the respondents disagree that their organization recognizes people for taking initiative (MV = 2.54, SD = 1.213), that it does not give people choices in their work assignments (MV = 2.49, SD = 1.151) and that it does not invite people to contribute to the organization's vision (MV = 2.36, SD = 1.090). Furthermore, the majority disagree that their organization gives people control over the resources they need to accomplish their work (MV = 2.63, SD = 1.189).

Table (8) demonstrates that Al-Shifa hospital management does not take capture and share learning into consideration, as the total mean value was equal to (2.61) and the standard deviation was (0.922).

Environmental Connection

Table (9) shows the opinion of Al-Shifa hospital respondents toward some statements about environmental connection.

Table (9)

The opinion of respondents toward some statements about environmental connection.

Item	Standard Deviation	Mean Value	Interpretation
My organization encourages people to get answers from across the organization when solving problems.	1.194	2.81	Disagree
In my organization, leaders generally support requests for learning opportunities and training.	1.258	2.75	Disagree
In my organization, leaders share up-to-date information with employees about competitors, industry trends and organizational directions.	1.228	2.81	Disagree
In my organization, leaders empower others to help carry out the organization's vision.	1.081	2.54	Disagree
In my organization, leaders mentor and coach those they lead.	1.170	2.86	Disagree
In my organization, leaders continually look for opportunities to learn.	1.251	2.94	Disagree
In my organization, leaders ensure that the organization's actions are consistent with its values.	1.191	2.92	Disagree
Total Average	0.945	2.80	Disagree

It is noticed that the majority of respondents disagree that their organization encourages people to get answers from across the organization when solving problems (MV = 2.81, SD = 1.194). In addition, the respondents say that leaders generally do not support requests for learning opportunities and training in their organization (MV = 2.75, SD = 1.258), leaders do not share up-to-date information with employees about competitors, industry trends and organizational directions (MV = 2.81, SD = 1.228) and leaders do not empower others to help carry out the organization's vision (MV = 2.54, SD = 1.081). Besides, the majority disagree that leaders mentor and coach those they lead in their organization (MV = 2.86, SD = 1.170). Moreover, the respondents disagree that leaders continually look for opportunities to learn in their organization (MV = 2.94, SD = 1.251). Furthermore, the majority disagree that leaders ensure that the organization's actions are consistent with its values in their organization (MV = 2.92, SD = 1.191).

Table (9) demonstrates that Al-Shifa hospital management does not take environmental connection into consideration, as the total mean value was equal to (2.80) and the standard deviation was (0.945).

Correlation among the Six Parts of the Learning Organization

According to Pearson correlation, Table (10) indicates that there is a significant relationship between the independent variables of the learning organization from the respondents’ point of view.

Table (10)

Pearson correlation among the six parts of learning organization.

	continuous learning opportunities	**dialogue and inquiry**	**collaboration and team learning**	**collective vision**	**capture and share learning**	**environmental connection**	**average of five parts**
continuous learning opportunities		0.699	0.726	0.678	0.695	0.665	0.837
Sig. (2-Tailed)		0.000	0.000	0.000	0.000	0.000	0.000
dialogue and inquiry	0.699		0.753	0.643	0.645	0.623	0.817
Sig. (2-Tailed)	0.000		0.000	0.000	0.000	0.000	0.000
collaboration and team learning	0.726	0.753		0.785	0.810	0.769	0.913
Sig. (2-Tailed)	0.000	0.000		0.000	0.000	0.000	0.000
collective vision	0.678	0.643	0.785		0.815	0.845	0.905
Sig. (2-Tailed)	0.000	0.000	0.000		0.000	0.000	0.000
capture and share learning	0.695	0.645	0.810	0.815		0.850	0.914
Sig. (2-Tailed)	0.000	0.000	0.000	0.000		0.000	0.000
environmental connection	0.665	0.623	0.769	0.845	0.850		0.904
Sig. (2-Tailed)	0.000	0.000	0.000	0.000	0.000		0.000
average of five parts	0.837	0.817	0.913	0.905	0.914	0.904	
Sig. (2-Tailed)	0.000	0.000	0.000	0.000	0.000	0.000	

One-Sample Test of Each of the Six Parts of the Learning Organization

Table (11) shows that the dimensions of the learning organization do not exist in Al-Shifa hospital from its employees' point of view, as Table (11) presents the t-test values of the six parts of the learning organization.

Table (11)
One-sample test of each of the six parts of the learning organization.

Item	**Test value = 3**			
	T	**Df**	**Sig. (2-tailed)**	**Mean difference**
Continuous learning opportunities	-1.753	324	0.081	-0.07885
Dialogue and inquiry	-2.139	324	0.033	-0.09179
Collaboration and team learning	-5.937	324	0.000	-0.29192
Collective vision	-8.319	324	0.000	-0.42330
Capture and share learning	-7.638	324	0.000	-0.39077
Environmental connection	-3.749	324	0.000	-0.19663
Previous Parts' Average	-4.906	324	0.000	-0.21183

Table (11) shows that the t-test of continuous learning opportunities was not significant, accounting for (–1.753) at sig. (2-tailed) = 0.081. It reveals that there are continuous learning opportunities in Al-Shifa hospital from the employees' point of view. In contrast, the t-test of dialogue and inquiry was significant, accounting for (–2.139) at sig. (2-tailed) = 0.033. It reveals that there is a lack of interest in dialogue and inquiry in Al-Shifa hospital. In addition, the t-test of collaboration and team learning was significant, accounting for (–5.937) at sig. (2-tailed) = 0.000. It reveals that there is a lack of interest in collaboration and team learning in Al-Shifa hospital. Besides, the t-test of collective vision was significant, accounting for (–8.319) at sig. (2-tailed) = 0.000. It reveals that there is a lack of interest in a collective vision in Al-Shifa hospital.

Moreover, the t-test of capture and share learning was significant, accounting for (–7.638) at sig. (2-tailed) = 0.000. It reveals that there is a lack of interest in capture and share learning in Al-Shifa hospital. Furthermore, the t-test of environmental connection was significant, accounting for (-3.749) at sig. (2-tailed) = 0.000. It reveals that there is a lack of interest in environmental connection in Al-Shifa hospital. It can also be concluded that t-test of the average of the six parts of learning organization was significant, accounting for (– 4.906) at sig. (2-tailed) = 0.000. This indicates that the dimensions of the learning organization do not exist in Al-Shifa hospital from its employees' point of view.

Analysis of the Results

The results of this research can be largely attributed to the characteristics of the health care system in the Gaza Strip in general and to the characteristics of Al- Shifa hospital in particular. As stated earlier, the health care system in the Gaza Strip is suffering from many constrains due to the general conditions in Gaza which affect the health care system and consequently the working conditions in the hospital . In recent years, Gaza has suffered from a new wave of conflicts as a result of external and internal factors, such as the major Israeli military operation in 2006 and Hamas taking power in 2007. This was followed by renewed tensions between Hamas and Israel escalated into wars in December 2008 and January 2009. As a result, the Israeli imposed restrictions on access and movement of goods and

people which shattered Gaza's economy. This combination of external and internal instability is changing the nature of society in Gaza and narrowing the space for individual choice. The challenge posed by these conflicts makes the humanitarian and developmental processes much more difficult, destroys humanitarian and developmental efforts and makes it difficult to engage in any process of self-development. The health care developmental efforts is one of the many areas very severely affected by the current instability. The state of the health care in Gaza has never been worse as health is being politicized which is the main reason of the system's failure. Unless something changes, things are only going to get even worse. Within such a system, the transformational process to learning organizations seems to be unrealistic.

Transforming health care organizations such as Al-Shifa hospital to learning organizations is also expected to face special difficulties from the conceptual and theoretical points of view. The learning organization concept depends on Argyris and Schön's seminal loop learning framework. This framework provides a general understanding of organizational learning, but it needs clarification on how it flows across different organizational levels. While implementing the concept of the learning organization, health care teams may face a delay in the care provided to their patients as their patients desire more knowledge, more discussion time and sharing in the complicated process of health care. The current structure of centralized decision making in the health care setting inhibits organizational learning and new knowledge formation. Furthermore, the implementation of the concept needs a supportive culture. In the health care setting, this might be a problem since there are specific sub-cultural conflicts that exist in health care organizations causing variable adoption of the concept . Sub- cultural conflicts between physicians and nurses may be sources of resistance. The concept of the learning organization depends on sharing new organizational knowledge but health care providers are unable to generate accurate judgements about what is happening with their practices and have little time to review the results of audit reports. Furthermore, health care teams cannot provide recommendations based on these experiences and these teams work under contextual constraints where there are no opportunities for meaningful team discussions about the potential advantages or the contextual limitations of any initiative. This is why the health care organization is failing at knowledge management. The consequences will be the failure to build and share new organizational knowledge and consequently failing to benefit from the concept.

It is clear from the above analysis why the dimensions of the learning organization do not exist in Al-Shifa hospital. The transformation process needs many supportive initiatives that do not exist in the current stage. Some of these initiatives are relevant to the specific characteristics of the health care system in Gaza in general and in Al-Shifa hospital in particular, and others are relevant to the theoretical requirements of the transformation process. According to the previous analysis, health care organizations should rethink their priorities and adapt their strategies accordingly, such as offering health care providers more time to discuss health issues with their patients and offering patients more education on their health conditions. Health care organizations should also have adequate structures and processes to facilitate sharing and learning. The current structure of centralized decision inhibits organizational learning and new knowledge formation. Organizational leaders need to negotiate sub-cultural conflicts within the health care organizations to lower the risk of failure with learning organization implementation initiatives. Health care organizations should have adequate

resources and processes to capture loop learning and flexibility to adapt policies when the assumptions underlying these policies prove incorrect.

Conclusions and Recommendations

This section will address the research main conclusions and link these with literature and previous studies in the field of learning organization. Furthermore, it will provide some recommendations for Al-Shifa hospital and for future research.

Conclusions

Continuous Learning Opportunities

The results of statistical analysis for the first dimension (continuous learning opportunities) show that in general the employees of Al-Shifa hospital believe that continuous learning opportunities are offered to them (with a small percentage) as the total mean value was (2.92) and the standard deviation was (0.811). This means that according to the model of Watkins and Marsick (2003) and Kerka (1995), the first dimension (attribute) of the learning organization exists in Al-Shifa hospital. The results of the first dimension show that some features of the learning organization exist in Al-Shifa hospital as far as the dimension of (continuous learning opportunities) is concerned. The participants agree that they openly discuss mistakes in order to learn from them, that they identify skills they need for future work tasks and that people help each other learn.

The results however show that the employees are not given money and other resources to support their learning. This result contradicts with Griego *et al.* (2000), who stated that one important feature of the learning organization is to provide support and recognition for learning. The results also show that the employees are not given time to support learning. This result contradicts with Senge (1990), Argyris and Schön (1996), Argyris (1991) and Schön (1983), who stated that one characteristic of the learning organization is mental models and that the most important associated best practice is to provide time for learning. The results indicate that problems are not viewed as an opportunity to learn. This result contradicts with Farago and Skyrme (1995), who stated that one of the characteristics of a learning organization is a learning culture where people learn from experience and where learning from mistakes is often more powerful than learning from success. Failure is tolerated and provided lessons are learnt.

According to Al-Shifa hospital employees, reward and recognition systems are not in place. This contradicts with Farago and Skyrme (1995), who stated that processes and systems that recognize acquisition of new skills, team work and individual effort, celebrate success and accomplishments and encourage continuous personal development, are essential in a learning organization. These results also contradict with Griego *et al.* (2000) and Phillips (2003), who highlighted the importance of rewarding learning. Finally, the results of the first dimension show that the employees do not give open and honest feedback to each other. This result is not in harmony with Phillips (2003) and Pool (2000), who stated that open communication is an essential feature of the learning organization, and is not consistent with Farago and Skyrme (1995), who called for free exchange and flow of information.

Dialogue and Inquiry

The results of the statistical analysis for the second dimension (dialogue and inquiry) show that in general the employees of Al-Shifa hospital believe that dialogue and inquiry as a dimension of the learning organization do not exist, as the total mean value was (2.91) and the standard deviation was (0.774). This means that according to the model of Watkins and Marsick (2003), the second dimension (attribute) of the learning organization does not exist in Al-Shifa hospital. The

result contradicts with Kerka (1995), who stated that a learning organization should foster inquiry and dialogue, making it safe for people to share openly and take risks. The employees believe that they do not gain productive reasoning skills to express their views and the capacity to listen to and inquire the views of others; the culture should be changed to support questioning, feedback and experimentation. Only two features of the learning organization are reported by the employees as they believe that they treat each other with respect and that they spend time building trust with each other. This result could be attributed to cultural and religious reasons and is also consistent with Farago and Skyrme (1995), who stated that one characteristic of the learning organization is a climate of openness and trust.

Collaboration and Team Learning

The results of statistical analysis for the third dimension (collaboration and team learning) show that in general the employees of Al-Shifa hospital believe that collaboration and team learning as a dimension of the learning organization does not exist, as the total mean value was (2.72) and the standard deviation was (0.856). This means that according to the model of Watkins and Marsick (2003), the third dimension (attribute) of the learning organization does not exist in Al-Shifa hospital. This result contradicts with Praise and Casher (2003) and with Milgate (2000), who stated that there is a learning and knowledge exchange element in collaborations, and is not in harmony with Lewis *et al*. (2008), who stated that teams - not individuals - are the fundamental learning units. Unless a team can learn, the organization cannot learn.

Team learning focuses on the learning ability of the group. Adults learn best from each other by reflecting on how they are addressing problems, questioning assumptions and receiving feedback from their team and from their results. With team learning, the learning ability of the group becomes greater than the learning ability of any individual in the group. This result also contradicts with Kurniawan and Istianto (2006), who stated that through teams people learn how to work collaboratively and that the organization's capacity may develop through a sense of common goal. Team learning can also be a bridge that connects individual learning and organizational learning. Furthermore, Price (2000) stated that teams are a vital element of a learning organization; hence there is a great significance in the ability of teams to learn.

Collective Vision

The results of the statistical analysis for the 4th dimension (collective vision) show that in general the employees of Al-Shifa hospital believe that collective vision as a dimension of the learning organization does not exist, as the total mean value was (2.58) and the standard deviation was (0.917). This means that according to the model of Watkins and Marsick (2003), the 4th dimension (attribute) of the learning organization does not exist in Al-Shifa hospital. This result contradicts with Jacobs (2007), who stated that there needs to be a sense of connection and community with respect to the vision that provides the focus and energy for learning in learning organizations. It also contradicts with Kerka (1995), who stated that a learning organization should build a shared vision that develops commitment through shared 'pictures of the future'.

To create a shared vision, large numbers of people within the organization must draft it, empowering them to create a single image of the future. All members of the organization must understand, share and contribute to the vision for it to become reality. With a shared vision, people will do things because they want to, not because they have to. Furthermore, Senge (1990) stated that the development of a shared vision is important in incentivizing the workforce to learn as it creates a

common identity which can provide focus and energy for learning.

The results of the 4th dimension also contradict with Wang and Ahmed (2003), who stated that shared vision is often to succeed against competitors. The results also contradict with Lewis *et al.* (2008), who stated that a shared vision is one of the five disciplines which contribute to the organization capacity to learn, and contradict also with Gruid (2003), who stated that through the practice of shared vision, people are bound together around a common identity and sense of destiny whereby they excel and learn. The results also contradict with Kurniawan and Istianto (2006), who stated that, in a learning organization, leaders will help people to achieve a shared vision that can be conducted by every member of the organization.

Capture and Share Learning

The results of statistical analysis for the fifth dimension (capture and share learning) show that in general the employees of Al-Shifa hospital believe that capture and share learning as a dimension of the learning organization does not exist, as the total mean value was (2.61) and the standard deviation was (0.922). This means that according to the model of Watkins and Marsick (2003), capture and share learning as a dimension of the learning organization does not exist in Al-Shifa hospital. The results contradict with Kurniawan and Istianto (2006), who stated that organization's capacity development is aimed for new thoughts that have to be shared throughout the organization. The result of learning has to be collected within the system, so anything that has been learned may also be used by people within the organization at any level and at any time.

Environmental Connection

The results of the statistical analysis for the sixth dimension (environmental connection) show that in general the employees of Al-Shifa hospital believe that environmental connection as a dimension of the learning organization does not exist, as the total mean value was (2.80) and the standard deviation was (0.945). This means that according to the model of Watkins and Marsick (2003), environmental connection as a dimension of the learning organization does not exist in Al-Shifa hospital. This result contradicts with Kerka (1995), who stated that learning organizations are continuously aware of and interact with their environment. The result also contradicts with Kurniawan and Istianto (2006), who stated that there are strong relationships between the internal and the external environment of a learning organization. Attachment to the internal environment means that an organization should be responsive to the needs of its members, while the connection with the external environment means that every demand of external customers will affect the entire organization, including the community where the organization operates, competitors and stakeholders.

Recommendations

Recommendations for Al-Shifa hospital

In order to become a learning organization, all the studied dimensions (attributes) of the learning organization in Al-Shifa hospital should be improved:

Continuous Learning Opportunities should be provided by giving the required support in terms of money and other resources to support learning, by giving time to support learning, by viewing problems as an opportunity to learn, by developing reward and recognition systems that encourage learning and by encouraging open communication and feedback.

Dialogue and Inquiry should be promoted by encouraging people to listen to others' views before speaking, by encouraging people to ask "why" regardless of rank, by encouraging people to ask what others think and by encouraging people to adapt their goals as needed.

Collaboration and Team Learning should be

promoted by treating the employees as equals, regardless of rank, culture or other differences, by revising thinking as a result of group discussions or information collected, by rewarding teams/groups for their achievements as a team/group, by acting on the recommendations of the employees, by using two-way communication on a regular basis**,** by enabling people to get needed information at any time quickly and easily and by maintaining an up-to-date data base of employee skills**.**

Collective Vision should be developed by supporting employees who take calculated risks, by building alignment of visions across different levels and work groups, by helping employees balance work and family, by encouraging people to think from a global perspective and by considering customers' views in the decision making process.

Capture and Share Learning should be promoted by **c**reating systems to measure gaps between current and expected performance, by making lessons learned available to all employees, by measuring the results of the time and resources spent on training, by recognizing people for taking initiative, by giving people choices in their work assignments, by inviting people to contribute to the organization's vision and by giving people control over the resources they need to accomplish their work.

Environmental Connection needs to be promoted by encouraging people to get answers from across the organization when solving problems, by supporting requests for learning opportunities and training, by sharing up-to-date information with employees about competitors, industry trends and organizational directions, by empowering others to help carry out the organization's vision looking for opportunities to learn and by ensuring that the organization's actions are consistent with its values.

Recommendations for Future Research

This research focused on examining the existence of the attributes (dimensions) of the learning organization in Al-Shifa hospital from its employees' point of view. Future research in the area may focus on:

- Studying these dimensions at individual, group or organizational level.
- Studying the relationship between these dimensions and other variables such as organizational performance.
- Integrating the learning organization framework with other frameworks relevant to health care organizations; namely the Evidence Based Medicine (EBM) principles.

REFERENCES

Abu-Khadra, M. F. and Rawabdeh, I. A. 2006. Assessment of development of the learning organization concept in Jordanian industrial companies. **The Learning Organization**, 13(5) : 455-474.

Abu-Kidir, E. 2006. Management of organizational learning in the institute of public administration. Available at: **http://www.alriyadh.com**

Al-Swidan, T. M. 2001. The learning organization: how humans learn and how organizations learn . Al-Ryadh: Kortoba for Art Production.

Andrea D. Ellinger, Baiyin Yang and Alexander E. Ellinger. 2008. Is the learning organization for real? Examining the impacts of the dimensions of the learning organization on organizational performance, AERC Proceedings.

Argyris, C. 1991**.** Teaching smart people how to learn**. Harvard Business Review,** (May-June): 99-109.

Argyris, C. and Schön, D. 1996. Organizational learning II:

Theory, method and practice. Reading, Mass: Addison Wesley.

Ayoub, N. H. 2004. Organizational learning practice in large Saudi firms and its role in introducing strategies changes . **Public Administration**, 40 (1) : 63- 134.

Bierly, P., Kessler, E. and Christensen, E. 2000. Organizational learning**. Journal of Organizational Change Management**, 13(6): 595 – 618.

Boyle, E. 2002. A critical appraisal of the performance of Royal Dutch Shell as a learning organization in the 1990s. **Learning Organization**, 9 (1):6–18.

Canadian Centre for Management. 2001. The learning organization, discussion paper.

Chang, S. C. and Lee, M. S. 2007. A study on relationship among leadership, organizational culture, the operation of learning organization and employees' job satisfaction. **The Learning Organization**, 14 (2):155-185.

Cors, R. 2003. What is a learning organization? Reflections on the literature and practitioner perspectives. Engineering Professional Development . University of Wisconsin-Madison.

Davidhizar, R. and Bechtel, A. 2002. Neglected aspects of the learning process, **Hospital Material Management Quarterly**, 21 (3):26-31.

Dymock, D. and McCarthy, C. 2006. Towards a learning organization? Employee perceptions**, The Learning Organization**, 13(5):525-536 .

Easterby-Smith, M . 1999. Organizational learning and the learning organization , London: Sage.

Edmondson, A. 1999. Psychological safety and learning behavior in work teams. **Administrative Science Quarterly,** (44): 350-383.

Farago, J.D. 1995. The learning organization**, http://www.skyrme.com/insights/3lrnorg.htm**

Garvin, D. A. 2000. Learning in action. A guide to putting the learning organization to work, Boston, Mass.: Harvard Business School Press. **http://www.infed.org/biblio/learning-organization. htm**

Griego, O. V., Geroy, G. D. and Wright, P. C. 2000. Predictors of learning organizations: a human resource development practitioner's perspective. **Learning Organization,** 7 (1): 5–13.

Gruidl, J. and Hustedde, R. 2003. Evaluation of capacity-building programs. **Learning Organization Approach**, 41(5).

Huang, Y.C. 2001. Discussions on statements and cases of learning schools, **Educational Policy Forum**, 4 (2): 99-123.

Hussein M. Harrim. 2008. Learning organization and organizational performance relationship: empirical study of pharmaceutical firms in Jordan. **Journal of Knowledge Management Practice**, 9(4) .

Jashapara, A. 2003. Cognition, culture and competition: an empirical test of the learning organization. **Learning Organization**, 10 (1):31–50.

Keith, T. and Allen, S. 2006. The learning organization: a meta–analysis of themes in literature. The learning organization, **An International Journal**, 13 (2):123-139.

Kerka, S. 1995. The learning organization: myths and realities, Eric Clearinghouse, **http://www.cete.org/acve/docgen.asp?tbl=archiveandID= A028.**

Khaled, A. S. A. and Norliya, A.K. 2008. Perceptions of organizational learning practices among Yemeni university librarians**. Malaysian Journal of Library and Information Science**, 13(1) : 77-90.

Kumar, N. and Idris, K. 2006. An examination of educational institutions' knowledge performance: analysis, implications and outlines for future research. **The Learning Organization**, 13 (1): 96-116.

Leadbeater, C. 2000. Living on thin air: the new economy, London: Penguin.

Lipshitz, R. 2002. Organizational learning in a hospital. **The Journal of Applied Behavioral Science**, 36

(3):345- 362.

Loermans, J. 2002. Synergizing the learning organization and knowledge management. **Journal of Knowledge Management**, 6 (3): 285–294.

Marsick ,V.J. and Watkins, K.E. 2003. Demonstrating the value of an organization's learning culture: the dimensions of the learning organization questionnaire, **Advances in Developing Human Resources**, 5(2): 132-150.

Marty, J. 2007. Building shared vision: the third discipline of learning organizations, **http://www. systemsinsync. com/pdfs/ Shared%20 Vision.pdf**

McElyea, B. 2002. Knowledge management, intellectual capital and learning organizations : a triad of future management integration, **Futurics,** 26(1and2) :59-65.

Mchugh, D., Groves, D. and Alker , A. 1998. Managing learning: what do we learn from a learning organization? **The Learning Organization,** 5(5): 209-220.

Milgate, M. 2000. Black-box protection of core competencies in strategic alliances, **Journal of Australia and New Zealand Academy of Management,** 6(2): 32-43.

Ngesu, L. , Wambua, K. B., Ndiku, J. and Mwaka, M. 2008. Universities as learning organizations: implications and challenges, **Educational Research and Review,** 3 (9):289-293.

Norliya, A. K. and Azizah, M. N**.** 2005. **Learning organizations: organizational learning practices in university libraries in the Klang Valley**, Malaysia. International Conference on Knowledge Management (ICKM), 7 - 9 July, Putra World Trade Centre (PWTC), Kuala Lumpur, Malaysia.

Oberberger , S. 2005. The learning organization in practice: preliminary processes and aspects of individual and organizational learning within companies. **http://urn.kb.se/resolve?urn=urn:nbn:se:hik:diva-83**

O'keeffe , T. 2002. Organizational learning: a new perspective. **Journal of European Industrial Training,** 26 (2):130-141.

Ortenbald, A. 2002. A typology of the ideas of learning organization. **Management Learning**, 33 (2):213–230.

Ortenbald, A. 2004. The learning organization: towards an integrated model. **The Learning Organization**, 11 (2/3):129.

Pedler , M., Burgoyna, J. and Boydell, T. 1997. The learning company: a strategy for sustainable development. 2nd Ed. London; McGraw-Hill.

Phillips, B. T. 2003. A four-level learning organization benchmark implementation model. **Learning Organization**, 10 (2, 3): 98–105.

Pool, S. W. 2000. The learning organization: motivating employees by integrating TQM philosophy in a supportive organizational culture. **Leadership and Organization Development Journal**, 21 (8):373–378.

Praise , S. and Casher, A. 2003. Alliance portfolios: designing and managing your network of business-partner relationships, **Academy of Management Executive,** 17(4): 25-39.

Price, A. 2000. Principles of human resource management: an action-learning approach. Oxford: Blakwell.

Redding, J. 1997**.** Hardwiring the learning organization**. Training and Development,** 15(8**):** 61-67.

Reece, P.D . 2002. Surfing the grey wave. **HR Monthly**, (April) : 32-33

Robbins, S. and Coulter, M. 2005. **Management**, 8th ed., Upper – Saddle River, NJ., Pearson Prentice – Hall, 248.

Rowden, R. W. 2001. The learning organization and strategic change. **Advanced Management Journal**, 66 (3):11–17.

Schön, D. A. 1983. The reflective practitioner. How professionals think in action. London: Temple Smith.

Selden, G. 1998. Dimensions of the learning organization in

family-run businesses. Unpublished doctoral dissertation, University of Georgia, Athens, GA.

Selen, W. 2000. Knowledge management in resource-based competitive environments: a road map for building learning organizations**. Journal of Knowledge Management,** 4 (4):346–353.

Senge , P. M. 1990. The fifth discipline: the art and practice of the learning organization, 1st edition, London, Random House.

Smith, M. K. 2001**.** The learning organization. The encyclopedia of informal education, **http://www.infed.org/biblio/learning-organization.htm**

Thomas, K. and Allen, S. 2006. The LO: a meta – analysis of themes in literature, **The LO**, 13(2) :123 – 39.

Thomsen, H. K. and Hoest, V. 2001. Employees' perception of the learning organization. **Management Learning,** 32 (4):469–491.

Wang, C.L. and Ahmad, P.K. 2003. Organizational learning: a critical review. **The Learning Organization**, 10 (1): 8-17.

Wang Xiaohui and Yang Baiyin . 2007. The culture of learning organizations in Chinese state-owned and privately-owned enterprises: an empirical study, **Frontiers of Business Research in China,** 1(2):156-79

Watkins, K. and Marsick, V. 1992. Building the learning organization: a new role for human resource developers. **Studies in Continuing Education**, 14(2): 115-129.

Wawan, K. and Harry, I. 2006. The influence of organizational culture on the implementation of learning organization and its relationship with performance on mill controller department, faculty department and sales department of Pt. Gold Coin Indonesia Bakasi Mill, International Conference on Instruction Industry.

عناصر المنظمة المتعلّمة في مستشفى الشفاء بغزة من وجهة نظر العاملين في المستشفى

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ملخـص

يهدف هذا البحث إلى دراسة مدى وجود عناصر المنظمة المتعلمة في مستشفى الشفاء بغزة من وجهة نظر العاملين في المستشفى. و قد تم استخدام نسخة معدلة من الإطار النظري لواتكنز و مارسك (2003) في هذا البحث نظراً لأنه يعطي تعريفا واضحا لمفهوم المنظمة المتعلمة من منظور الثقافة التنظيمية. و يشمل هذا الإطار النظري المعدل (43) سؤالاً لقياس عناصر المنظمة المتعلمة التالية : فرص تعليم دائمة، الحوار، التعاون والتعلم الجماعي، الرؤية الجماعية، التعلم المشترك، والارتباط مع البيئة. و قد تم توزيع استبانة البحث على 325 من العاملين في مستشفى الشفاء تم اختيارهم بطريقة عشوائية. و أظهر التحليل الإحصائي باستخدام الوسط والانحراف المعياري واختبار (ت) أن عناصر المنظمة المتعلمة غير موجودة في مستشفى الشفاء من وجهة نظر العاملين في المستشفى. و توصل البحث إلى أن مستشفى الشفاء بحاجة إلى تفعيل جميع عناصر المنظمة المتعلمة بما فيها توفير فرص تعليم دائمة، الحوار، التعاون والتعلم الجماعي، الرؤية الجماعية، التعلم المشترك، والارتباط مع البيئة.

الكلمات الدالة: المنظمة المتعلمة، الأبعاد، مستشفى الشفاء.

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